

**REQUEST FOR ROCKINGHAM COUNTY CONSERVATION DISTRICT
WITNESS OF TEST PITS**

In accordance with RSA 676:4, I(g), the North Hampton Zoning Regulations and Subdivision Regulations all test pits shall be observed and logged by the RCCD test pit inspector. The fees of said witnessing shall be borne by the applicant. In order to request witnessing of test pits, the following form shall be submitted to the Building Code Enforcement Officer.

Town of North Hampton
233 Atlantic Ave, PO Box 710
North Hampton NH 03862
tel: 603-964-8650 fax: 603-964-1514

Rockingham County Conservation District
110 North Road
Brentwood NH 03833
tel: 603-679-2790 fax: 603-679-2860

Property Location: _____ Map # _____ Lot # _____ Block # _____

Property Owner: _____ Licensed Designer*: _____

Telephone #: _____ Cell: _____ Licensed Installer*: _____

NOTE: It is the responsibility of the applicant to contact RCCD to make an appointment for the test pit inspection. Please allow 4 working days after submission to the Selectmen's office before contacting RCCD. Inspections are normally done on Mondays and Wednesdays, a 24 hour notice is required. Phone 603-679-2790 to request service.

Telephone #: _____

Cell: _____

* Town requires a copy of NH License for file.

Witness Test Pit(s) for:

_____ Septic Design \$240.00
_____ Subdivision – minimum three hours \$240.00
(based on estimated number of hours required times \$80.00)

Make check payable to Rockingham County Conservation District or RCCD. Approved plans may be picked up or if accompanied with state application & check along with a self-addressed stamped envelope they will be mailed.

North Hampton Septic Permit fee is \$45.00 Inspection of bed bottom (basal area) is required. Phone 603-964-8650 to schedule inspection.

Date: _____ Amount Received: \$ _____ Check #: _____

From: _____ Address: _____

Received by: _____

CONSENT OF APPLICANT

I, _____ of _____ agree to a review of the above proposal, and further agree to be responsible for any charges that may result from this review.

Signature: _____ Date: _____